April 2020

COVID-19 and Oncology: Adapting to New Realities

Prepared by Dan Reed and
the H&S strategy team

HARRISON
STAR

COVID-19: A Threat to Every Cancer Patient

- Cancer patients are at high risk and are often immunosuppressed by their treatment
- The increased demand for oncologists and hospitals may reduce access to care
- Anxiety about risks may lead to more conservative treatment decisions (by both oncologists and patients) and worsen outcomes
- Challenges to conducting clinical trials may slow innovation and worsen future care
- This may lead to an "echo crisis" for oncology patients after the pandemic has abated

The threats posed by COVID-19 require a comprehensive strategy by the pharmaceutical industry to support the best possible patient care during and after this crisis

5 Predictions for Post-Pandemic Oncology Practice

1. Even when COVID-19 is controlled, a majority of routine visits will be done via telemedicine
2. There will be a shift toward oral therapy and less complicated regimens
3. Rep access will be severely limited even when restrictions are lifted, and may never return to previous levels
4. Post-COVID-19, there will be an "echo crisis" due to delayed diagnosis and treatment
5. Practices will be financially strained due to changes in treatment approaches and patients' financial hardships

COVID-19: A Threat to Every Cancer Patient

Purpose of this overview

1. Show how the practice of oncology is changing during the novel coronavirus (COVID-19) pandemic
2. Anticipate long-term challenges of the pharmaceutical industry
3. Begin to sketch out possible approaches the pharmaceutical industry can take to be relevant and helpful in the short and long term

In addition to considering publicly available sources on this topic, Harrison/Star conducted a virtual focus group on March 23 with 5 US oncologists in order to understand this evolving issue

Daily Life
In a Pandemic

1 Daily Life In a Pandemic

Daily increases in anxiety

Oncologists are facing a fluid situation, where each day brings new and unexpected challenges. In COVID-19 hotspots like New York and Los Angeles, they already are in crisis mode, dealing with infected patients, confronting shortages of PPE, having difficulty providing essential care, and making tough decisions about whether and how to treat.

In other parts of the country, telemedicine is rapidly replacing in-office visits, patients are being screened for fever before being allowed to enter the office, and oncologists are making plans for how they will adapt if their hospitals see an influx of patients.

> It's getting very difficult. We may soon have to start discussing who we treat and who we don't treat.
>
> **–Oncologist, NYC**

> Every day it is kind of new revelation and new realization, and things keep getting harder.
>
> **–Oncologist, TX**

1 Daily Life In a Pandemic

A reweighing of treatment strategy is coming

Many oncologists, even those who typically pushed aggressively for efficacy, are considering a more conservative approach. In harder hit areas, chemotherapy is being delayed or replaced with a less punishing alternative. Concerns about social distancing are limiting prescribing transfusions when an oral option is available. And some oncologists said they would avoid prescribing combination therapy, preferring monotherapy or replacing a triplet regimen with a doublet.

In addition to physicians' concerns, patients are beginning to ask if they can defer treatment or opt for what they consider the safest choice.

> When we consider infusions, I'm very concerned they're not going to complete therapy because I do not know how long we're going to be able to keep outpatient treatment centers open.
>
> **–Oncologist, NYC**

> One thing we might consider is trying a more conservative therapy now and being more aggressive in the next line.
>
> **–Oncologist, GA**

1 Daily Life In a Pandemic

The evolving calculus of care

Do I get checked?

Patients are likely to defer scheduling appointments for ailments that seem less urgent, which can lead to later a diagnosis and a worse prognosis.

Do I start treatment?

Both patients and oncologists are weighing the risks and rewards of holding off on treatment. As the system becomes more burdened, these decisions will only get harder. Additionally, hospitals in New York and other hotspots may seek to delay surgeries.

Do I treat aggressively?

Chemotherapy is seen as an increasingly risky choice, and infusion as a whole, is likely to be more logistically challenging, which dampens use of immunotherapy. Simpler, more tolerable oral therapies may be chosen with the hopes to use other options later.

We may rapidly move from an aggressive cancer treatment strategy to a reactive and risk-averse approach

Lasting Changes
to Oncology

2 Lasting Changes to Oncology

The coming "echo crisis"

Even when we reach the point where the novel coronavirus seems under control, the crisis in oncology will continue. That's because trade-offs made now will lead to a second spike of medical challenges. This is due to three factors that will undo some of the gains we've seen in cancer survival rates in recent years.

- Deferred treatment: Oncologists are already reporting patients discussing holding off on treatment, especially chemotherapy. In NYC, some cancer surgeries are currently being delayed
- Suboptimal treatment: Choosing regimens for their safety profile rather than their efficacy means fewer patients will have deep responses and may ultimately have worse prognoses
- Delayed diagnosis: With patients delaying care viewed as nonessential, reduced physician availability, and the crunch on laboratories, all oncologists we interviewed that expect many tumors will be identified later and at a more advanced stage

> I think there are a lot of delays in diagnosing. I don't know if regular routine mammograms are being done. I don't think routine screening colonoscopies will be done. Routine follow-ups will not be done. Routine non-essential surgeries will not be done. A lot of times we find cancer not expecting it to be found... and those things will be delayed.
>
> **–Oncologist, CA**

> We are going to see a spike of advanced cancers in 6 or 9 months that did not get picked up early enough.
>
> **–Oncologist, TX**

2 Lasting Changes to Oncology

Office visits: Suspended or ended?

One of the most fundamental changes that will outlast this crisis is how patients are evaluated. Oncologists, like other physicians, have resisted widespread use of telemedicine for years. But it is now becoming the default approach in COVID-19 hotspots, and will grow in use quickly as physicians look for ways to reduce risk both to themselves and their patients.

As physicians are increasingly forced to used telemedicine in the short term, they will learn to work around some of the difficulties that have previously hampered adoption. Once they have become comfortable with telemedicine, they are unlikely to abandon the practice, especially since there is always a risk of patients acquiring an infectious disease, or spreading it to others during live visits.

> For outpatients, we are converting all revisits to televisits unless it's absolutely critical.
>
> **–Oncologist, NYC**

> In the next three years, 50% of all medicine will be virtually practiced. And it's happening faster because of COVID. Now people are getting to wet their feet and they are going to find a way to do it. We won't go back.
>
> **–Oncologist, OH**

2 Lasting Changes to Oncology

Will social distancing slow the growth of knowledge?

We can hope human ingenuity will help overcome the challenges that social distancing will inflict on the oncology community, but there is no doubt that those challenges are real and significant. None of the oncologists and hematologist-oncologists with whom we've spoken in the last several weeks expect to attend any conferences this year, including ASH in December. They have also expressed doubt that they will resume seeing sales reps even when restrictions on those visits are lifted and report having less interaction with colleagues.

Digital technologies will help fill some of the gap, but it is likely that oncologists will be less engaged with the latest breakthroughs for the rest of 2020 and perhaps beyond. Combine this with the possibility that trials will suspend enrollment or enroll more slowly, and we could see both fewer medium-term advances in oncology and less awareness of those advances that occur.

> I think a lot of the ways we have traditionally learned in the past will go away, and it is already hard to keep up.
>
> **–Oncologist, GA**

> I hope that together they come up with some kind of virtual ASCO that we can follow along, see the presentations, and be able to do it at our own pace at some point.
>
> **–Oncologist, CA**

2 Lasting Changes to Oncology

Oncology's financial crunch

It is hard to anticipate the financial implications of this crisis for healthcare providers. On the one hand, it is hard to imagine we will allow hospitals and providers to go bankrupt after they served on the front lines of a fight against a deadly disease. But we know that there will be economic challenges that they'll face.

Much of the oncology business model is built on outpatient care, usually involving infused treatments. If those treatments fall out of favor, how will the business model of oncology practices evolve? Will reimbursement change to support telemedicine and increased use of oral therapy?

Furthermore, many patients will face their own severe economic hardships, which could cause them to miss payments, skip treatment, or ask for generic therapies in place of branded drugs. This is all speculative, but we should expect significant changes to the status quo treatment approach and how that care is paid for.

> One thing that will be a big challenge is that a lot of these hospitals and practices generate a lot of their revenue from infusion and outpatient visits. They depend on it. What's going to happen when that goes away?
>
> **–Oncologist, GA**

How Pharma Should Act Now

3 How Pharma Should Act Now

Figure out what problem your brand solves

In oncology, we have typically defaulted to survival metrics as a way of demonstrating that our brands have value. Even in categories like CML, where all agents are highly effective, survival data is presented as the key information, and differentiating features like safety, tolerability, and dosing are secondary.

We do not expect oncologists to suddenly be uninterested in compelling OS data. However, in this COVID-19 – dominated environment, real-world conditions are very different than trial conditions, and physicians will care more about navigating their patients' total health risk.

If your brand is oral, this feature has suddenly become much more valuable. Immuno-oncology regimens without chemotherapy may have a starker advantage over those paired with chemo. But all brands need to (1) identify the problem they can solve for oncologists who are trying to make treatment decisions today and (2) think fresh about how they differentiate.

> A lot of drugs that are coming out now are oral so I think we'll be shifting more completely to them.
>
> **–Oncologist, TX**

3 How Pharma Should Act Now

Pick up the diagnostic slack

Oncologists anticipate huge disruptions both in patients being screened and in the availability of testing, for the reasons outlined above. Several oncologists expressed hope that this is an area in which the pharmaceutical industry can make a positive difference.

Offering patients guidance on where testing is available would be one option, as would be sponsoring mobile screening services that could help identify patients who can't access services in hospitals and clinics.

The oncology community would also greatly appreciate partnerships with diagnostic firms to streamline testing. In this moment of crisis, solutions that might have seen unfeasible from a logistical or regulatory point of view should be reconsidered to see if our current circumstances warrant the effort to overcome these barriers.

> They should actually offer local laboratory testing options for the patients. That might be difficult to do, but (they need to) somehow get things done so the patient doesn't have to come in to be evaluated.
>
> **–Oncologist, NYC**

3 How Pharma Should Act Now

Sales reps need to become solution providers

The oncologists with whom we have spoken to generally have positive feelings about sales reps and appreciate the information they provide. However, none of them expected to have a live meeting with a rep in 2020, and feel that things will be very slow to return to "normal," if they ever do.

For reps to maintain value for pharmaceutical brands (and for society as a whole) they need to transition to a more solutions-oriented role. As their ability to educate and influence with live conversations diminishes, they need to pair virtual detailing with a deeper understanding of the needs of their oncologist customers and develop the skills to address some of those needs.

Whether that need involves helping patients find useful resources (financial support, testing, etc), guiding nurses and office staff to training and educational opportunities, or offering rapid responses when an oncologist has an issue, the role of the rep has to evolve.

> I think it would take years for things to go back to normal, even if this never happens again.
>
> **–Oncologist, OH**

> I think it'd be very difficult to go back to where we were. I don't mind seeing reps at all. I think it's very, very helpful. But if we can do that virtually, we won't see them in person.
>
> **–Oncologist, TX**

3 How Pharma Should Act Now

Be human

We all ache for things to be back to normal, even if we are just cooped up in our houses. For oncologists confronting this crisis and its costs to their patients, that desire is even more intense.

But we cannot let that desire change our responsibility to be good citizens. We must accept that COVID-19 will upend some of our well-developed plans. Normally, we would counsel making the most aggressive case for use of a client's brand in their indication. But today building brand equity and customer loyalty over time might require leading with information about immunosuppression or side-effects, so that an oncologist can make the right choice. Launches that happen this year might have to be more subdued or targeted, with plans to build momentum over time.

As simple as it sounds, asking ourselves, "What would I do if my father were the patient, or my friend were the oncologist?" is a great way to make decisions that will respect the severity of our current moment and ultimately protect our brands.

> In fact, it's hard to learn from this. I think after this, people will forget about it and not realize how terrible it was.
>
> **–Oncologist, OH**